

Claregrange (Trading) Limited

Aslockton Hall Nursing & Residential Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Aslockton Hall Nursing & Residential Home is a care home providing personal and nursing care to older adults, some of whom were living with dementia. The service can support up to 62 people in one adapted building. There were 27 people living at the home at the time of the inspection.

People's experience of using this service and what we found

People received safe care and treatment which was provided in a way that reduced the risks to their health and safety. Safeguarding procedures were followed. There were enough staff to provide safe care. The home was clean and tidy. More domestic staff were being recruited to ensure this continued. Medicines were well managed. There was learning when accidents and incidents occurred.

People's needs were assessed prior to them living at the home, ensuring their care and support needs could be met. Staff were well trained, skilled, and experienced. People received support with their meals where needed. People had regular access to health and social care professionals. The home environment was suitable to people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and caring and treated people with respect. Personal care was provided in a dignified way. Privacy was respected at all times. People were encouraged to do things for themselves, but support was always available where needed.

People received person-centred care and were encouraged to give their views about their care needs. Complaints were managed appropriately. Staff communicated with people in a way that did not discriminate. End of life care had been discussed with people and care plans were in place to ensure people's specific requirements could be met.

The home was well managed and improvements had been made since our last inspection in areas such as medicines and infection control. There was a positive atmosphere at the home and people enjoyed living there and staff enjoyed working there. Regulatory and legal requirements were met. People told us they would recommend this home to others.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 25 September 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aslockton Hall Nursing & Residential Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Aslockton Hall Nursing & Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience (EXE). An EXE is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Aslockton Hall Nursing & Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Aslockton Hall Nursing & Residential Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The manager had recently left the service despite an application to become registered with the CQC currently being processed. A new registered manager is currently being recruited. We will monitor this process to ensure they become registered with the CQC in a timely manner.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 8 June and ended on 14 June 2023. We visited the location's service on 8 and 9 June.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We asked local authority commissioners and the clinical commissioning group, and other agencies such as Healthwatch for their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used this information and our internal records to plan our inspection.

During the inspection

We spoke with 5 people who lived at the home and 5 relatives about their experiences of the care provided. We spoke with various members of staff. This included 2 care staff and 1 senior care staff. We also spoke with head of housekeeping, maintenance, kitchen manager, residential manager, nursing manager, business manager and the owner. The owner was also the nominated individual who was responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included all or part of the care records for 10 people as well as medication administration records and the daily notes recorded by care staff. We looked at staff files in relation to recruitment, supervision, and training. We also viewed a variety of records relating to the management of the service, including policies and procedures and training records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure medicines were managed and administered safely. Aspects of infection prevention and control were not done safely. This was a breach of Regulation 12 Health and Social Care Act Regulations 2014 Safe care and treatment.

At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

Using medicines safely

- Improved processes to people's medicine administration records, medicine care plans and the way medicines were stored, meant the risk of unsafe medicine practice had been reduced.
- People told us they received their medicines safely. One person described how their medicines had changed shape and colour and this was explained to them by staff. This offered reassurance to this person.
- Protocols were in place for medicines prescribed to be given only as required (PRN). Additional information was provided for staff to identify when a person may require these types of medicines and whether alternative methods could be used first. This helped to ensure the medicines were administered safely and consistently.
- We observed designated staff administer medicines in a safe way in accordance with best practice guidance and protocols.
- Staff received regular assessments of their competency to administer and manage people's medicines safely. Any errors would be dealt with via re-training, supervisions, or removal from administration.

Preventing and controlling infection

- Improvements had been made since the last inspection. Staff wore personal protective equipment (PPE) as and when required. People now had individual slings assigned to them rather than communal slings being used. This reduced the risk of cross contamination.
- Most people told us they were happy with the cleanliness of the home. A small number felt more staff may be needed to ensure cleaning standards were maintained.
- We saw the home was clean and tidy; however, staff rotas did show less staff were used on three days of the week. We felt due to the size of the home that this could increase the risk of some parts of the home not being cleaned sufficiently. Action was taken immediately to address this; an advert for more domestic staff was placed the following day.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions on friends and family visiting people at the home.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and neglect.
- People told us they felt safe living at the home.
- Staff had a good understanding of how to report any concerns about people being at risk of harm. A staff member said, "If I saw something I would report to my senior who is in charge on the floor, then I would go to the manager. I would also report to the police and safeguarding if needed and to the CQC."
- Records showed any concerns about people's safety had been recorded, investigated, and where required referred to the local authority and the CQC. This helped to keep people safe and reduce the risk of them experiencing abuse or harm.

Assessing risk, safety monitoring and management

- The risks to people's safety were assessed, recorded, and monitored appropriately.
- People told us staff provided safe care. A person told us when new staff (or agency staff) cared for them, it was evident they understood what was required and the quality of care remained high.
- Risks to people's health and safety were assessed and reviewed, although when asked, staff at times had difficulties finding the required records. This was due to the provider recently changing from paper to electronic records. This process was on-going.
- Staff told us they found the new electronic records system easy to follow and being able to complete records immediately at the touch of a button, helped them to spend more time with people. This also ensured records such as fluid and food intake monitoring charts were completed at the time and accurately.
- Actions to reduce the risks to people's safety were recorded. Records showed a person was identified as experiencing low mood at times and severe anxiety. Advice was available for staff within the care plans of ways to manage this and support the person.
- Individualised plans to ensure people could evacuate the home safely in an emergency were in place.

Staffing and recruitment

- There were enough suitably qualified and experienced staff in place to provide safe care and treatment.
- People told us staff were there when they needed them. We observed staff respond to people's needs quickly, this included responding to call bells in a timely manner. People were supported with their meals and with going to the toilet when needed.
- Staff were recruited safely. Checks on their suitability were completed before they commenced their role. This included checks on people's criminal record, their identity, and their past work experience.

Learning lessons when things go wrong

- The provider ensured that when incidents occurred they were investigated and acted on to reduce the risk of recurrence.
- Individual errors made by staff were used to improve learning amongst the staffing team. Learning from mistakes was a key focus for the provider.
- Incidents were reviewed to help to identify any themes or trends. Action plans were then put in place to address any areas of concern.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment, and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our inspection in November 2017, we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance, and the law

- People's needs were assessed prior to them living at the home. This ensured their care and nursing needs could be met.
- People were provided with information about their health conditions and what care and treatment was available for them. This included information on dementia, pressure care and nutrition.
- The provider ensured care was provided in accordance with the Equality Act 2010, protecting people from the risk of discrimination.

Staff support: induction, training, skills, and experience

- People were cared for by staff who had the appropriate skills and experience for their role.
- Staff were well trained, had their competency to carry out their role regularly assessed and received support with their professional development. Some staff had completed diplomas in adult social care; providing them with further skills to provide people with effective care.
- People told us staff had the skills needed to care for them and to offer support. A person told us they asked for support with having a shower and staff helped them with this.
- Most staff training was up to date. We highlighted some areas of training where staff required a 'refresher' course. The business manager told us they would address this immediately.

Supporting people to eat and drink enough to maintain a balanced diet

- People received the support they needed to eat and drink enough and to maintain a healthy and balanced diet.
- A person told us staff always ensured they had a clean supply of drinking water in the room. Most people praised the food provided at mealtimes, many said they liked the variety of food available.
- Care records showed good oral health care was encouraged and people had access to a dentist.
- We observed lunch and people were encouraged and supported to eat their meals.
- Kitchen staff had a good understanding of people's dietary requirements and foods that could affect people's health. They regularly sought people's feedback on the menu options and made amendments when needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to nurses at the home to provide them with on-going nursing care.

- People told us they had access to their GP and other healthcare professionals when required. A person said, "I think the GP comes once a week and a chiropodist once every six weeks."
- Records viewed confirmed people saw health and social care professionals as and when required. This helped people to maintain a healthy lifestyle and for any concerns about their health to be addressed in a timely manner.

Adapting service, design, decoration to meet people's needs

- The home had been adapted, designed, and maintained to meet people's needs.
- The home had numerous communal areas including spacious lounges, rooms for privacy and quiet and a cinema room. There was an attractive and well-maintained garden area that provided peaceful and welcoming spaces for people to sit outside and enjoy some fresh air.
- Corridors, doorways, bedrooms, and communal areas were all on level ground and easily accessible by wheelchair. People's bedrooms were decorated to their own taste.
- The home had many corridors and we observed people moving around the home either with support of staff or on their own. We did note that the carpets and walls were very similarly decorated throughout the home. With little signage informing people where the communal areas were or the direction of certain numbered bedrooms, we were concerned this could be confusing for some people. The business manager agreed with this and told us they would add some signs around the home to help with orientation.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met. We found that they were.

- Where people had been assessed as not having the capacity to consent to decisions, assessments had been completed in accordance with the requirements of the Mental Capacity Act 2005. When decisions were made, documentation was included to explain how the decision had been reached and how the decision was in the person's best interest.
- When people had been assessed as being a potential danger to themselves and/or others if permitted to leave the home alone, then DoLS were in place enforcing legal restrictions on their freedom and liberty. Some of these DoLS had conditions placed on them, which staff understood and adhered to. This reduced the risk of people's rights being unlawfully restricted.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity, and respect.

At our inspection in November 2017, we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported, respecting equality and diversity

- People received care and treatment in a way that made them feel well treated and supported. People were treated equally and without discrimination.
- A person told us they were always referred to by their preferred name and staff had a good understanding of their background, their likes and dislikes, and what interested them. This made them feel valued and respected.
- People's care records contained information about their religious choices and other protected characteristics of the Equality Act 2010. This included their sex, disabilities, and sexual orientation.
- An equality and diversity policy was in place. Staff had received equality and diversity training. Staff told us they used this knowledge to ensure care was provided in a non-discriminatory way.
- Staff spoke positively about the people they cared for and supported. Staff enjoyed their role and took satisfaction from supporting people to lead happy and meaningful lives.

Supporting people to express their views and be involved in making decisions about their care

- People were able to give their views about their care and other matters that may affect the home.
- People felt able to discuss their care needs and felt staff respected their views. A person told us they were involved in regular discussions about the content of their care plan.
- People told us they were able to get up and go to bed when they wanted to, could choose alternative meals and at different times and where able, could choose male or female care staff members to support them.

Respecting and promoting people's privacy, dignity, and independence

- People were treated with dignity and respect. Their independence was encouraged.
- A person praised the staff saying, "They are respectful and very polite, they say 'please' and 'thank you'."
- People responded positively to the approach and attitude of the staff.
- We observed numerous positive interactions between staff and the people they cared for. They provided a reassuring word or arm round the shoulder when people were upset, responded calmly when people became anxious or agitated, and provided laughter and a smile.
- Independence was encouraged wherever possible. If people were able to walk independently of staff, but required reassurance of staff being with them, then staff supported them, no matter how long it took. For example, we observed a person being supported from their chair to the toilet, they did not want to use a wheelchair and staff supported them to the toilet. This meant staff did not take the 'easier' option and

encouraged and supported people's independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our inspection in November 2017, we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care that was personal to them, met their needs and were consulted on how they would like their care to be provided.
- People told us they made choices about their care and support needs and staff respected those wishes. One person told us they had a "very comprehensive review" of their care needs.
- Relatives were also consulted where appropriate. One relative told us they received regular updates about their family members care and was consulted before any changes were made to care.
- People's health and care needs were addressed within their care plans. We saw a care plan for a person with diabetes and this included guidance for staff on how to manage a person's blood sugar levels and how to respond should those levels become too high or too low.
- Care plans contained information about each person's life history including where they used to work, how they liked to socialise and what activities they liked. This helped staff build positive and knowledgeable relationships with people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had ensured steps had been taken to meet people's information and communication needs, complying with the Accessible Information Standard.
- Each person had a communication support plan in place. These focused on each person's individual requirements, enabling staff to communicate with each person in an effective and positive way. We observed staff using a variety of different techniques throughout the inspection.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to lead socially active lives that reduced the risk of loneliness and isolation.
- People told us they felt able to take part in activities if they wished to but were not forced to if they wanted to be alone. Relatives told us they had seen activities taking place and this included day trips out of the home to local garden centres and for lunch.
- An activities coordinator was in place, and they supported people to take part in activities. We observed a

lively group session where the topic was discussing past holidays and where people had visited in the world. There was much laughter and smiles throughout.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and felt complaints would be or had been handled appropriately.
- A relative told us they had meetings with the manager about an issue and it had been resolved and they have adhered to the actions that were agreed.
- A complaints policy was in place. This explained to people the informal and formal process they should follow if they had any concerns.
- Records showed complaints had been handled in accordance with the provider's policy.

End of life care and support

- End of life care plans were in place.
- Care plans provided a variety of information and guidance for staff. For example, whether a person needed to be admitted to hospital and when they should be cared for at the home.
- Records included people's funeral wishes including the involvement of relatives, where the funeral should take place and whether they wanted a religious ceremony.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question as requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had not ensured effective systems were in place to respond to feedback to improve the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements

- Audits of the quality of care were now effective at identifying issues that could affect people's health and safety and the safe running of the home.
- Improvements were evident in staff training, management of medicines, infection control risks and staff supervision.
- Staff had a good understanding of their role. Management responsibilities were delegated, and the 'residential' and 'nursing' units were managed well by the respective managers.
- However, it was noted there was not a registered manager in post. We were informed they had resigned shortly before the inspection. They were in the process of applying to become registered with the CQC. The provider has taken swift action to address this. New management is in the process of being appointed and they will be applying to the CQC to become registered. This will ensure the legal requirement to have a registered manager in post is met.
- We did note when speaking with 3 members of the care staff they had limited understanding of the provider's whistleblowing policy and processes to follow should they have concerns. We raised this with the business manager. Action was taken immediately with the whistleblowing policy being reissued to staff and the policy to be discussed in team meetings and supervisions. This will help to ensure people continued to receive safe care and treatment.

Continuous learning and improving care

- There was a culture of learning from mistakes and improving care.
- Daily 'handover' meetings were held with heads of department from maintenance, housekeeping and nursing and others to discuss any concerns and to ensure action was taken.
- The home was supported by a business manager who shared their time between the provider's two homes, offering advice to management and supporting staff where needed. We were assured they would continue to offer this support to the new manager when appointed.

- Accidents and incidents were recorded, reviewed, and acted on to reduce the risk of recurrence. Learning from these incidents was used in team meetings and supervisions to improve performance. This helped to reduce the on-going risk to people's health and safety.
- Technology was used to help improve and review the quality of the care. For example, in each bedroom staff scanned a 'sticker' on each person's wall which provided evidence staff were present in the room and how long for. This enabled management to monitor how long aspects of care were taking and whether more staff were required.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- People liked living at the home. They were supported by staff to lead positive and meaningful lives with consistent, person-centred care provided.
- People told us they liked the manager [who had recently left the home] and found them to be approachable and friendly. Relatives told us they were always kept informed of any changes to their family members' care needs.
- A relative told us there was a positive atmosphere at the home. One relative said, "I think it actually feels like a home not a care home." Another said, "The home is calm and well organised"
- Staff liked working at the home. They felt supported and valued.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had the processes in place that ensured if mistakes occurred, they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them the concerns were acted on.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were given opportunities to discuss their care and support needs with staff. Regular resident meetings were held where people and their relatives were able to give their views.
- People and relatives told us they would recommend this home to others. One person said, "I would recommend the home to anyone." A relative said, "One of the nicest things is the staff, and also the phone calls [updates on care]." This relative also said staff were kind to their family member from the day they moved to Aslockton Hall.
- Staff felt their views mattered and they were listened to. Regular staff meetings took place.

Working in partnership with others

- Records showed there was regular involvement of other health and social care professionals where needed.